



Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-361-2930

Enterohemorrhagic *E. coli*

County _____

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ **Bloody diarrhea**

☐ ☐ ☐ ☐ **Abdominal cramps or pain**

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Fever Highest measured temp (°F): ____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness

Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Antibiotic given for this diarrheal illness

☐ ☐ ☐ ☐ Underlying illness, specify: _____

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Hemolytic uremic syndrome (HUS)**

☐ ☐ ☐ ☐ **Thrombotic thrombocytopenic purpura (TTP)**

☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)

☐ ☐ ☐ ☐ Acute anemia with microangiopathic changes

☐ ☐ ☐ ☐ Kidney (renal) abnormality or failure

Resulting in kidney dialysis: ☐ Y ☐ N ☐ DK ☐ NA

Laboratory

Collection date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ ***E. coli* O157:H7 isolation**

☐ ☐ ☐ ☐ **Shigatoxin-producing *E. coli* isolation**

Type if non-O157:H7 _____

☐ ☐ ☐ ☐ **Elevated titer for EHEC**

☐ ☐ ☐ ☐ Food specimen submitted for testing

PFGE result: _____

NOTES

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Days from
onset:

Exposure period

-8 -1

o
n
s
e
t

Contagious period

1 week to weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
- ☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult
- ☐ ☐ ☐ ☐ Beef
Rare, undercooked, or raw: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Ground beef
Rare, undercooked, or raw: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Handled raw meat
- ☐ ☐ ☐ ☐ Venison or other wild game meat
- ☐ ☐ ☐ ☐ Other meat products: _____
- ☐ ☐ ☐ ☐ Raw fruits or vegetables
- ☐ ☐ ☐ ☐ Sprouts (e.g. alfalfa, clover, bean)
- ☐ ☐ ☐ ☐ Fresh herbs Type: _____

Y N DK NA

- ☐ ☐ ☐ ☐ Unpasteurized milk (cow)
- ☐ ☐ ☐ ☐ Juices or cider, Type: _____
Unpasteurized: ☐Y ☐N ☐DK ☐NA
- ☐ ☐ ☐ ☐ Known contaminated food product
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/location: _____

- ☐ ☐ ☐ ☐ Source of home drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- ☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
- ☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
- ☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit
- ☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Cattle, cow or calf: ☐Y ☐N ☐DK ☐NA

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until 2 negative stools
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Testing of home/other water supply
- ☐ Initiate traceback investigation
- ☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____